



Please type a plus sign (+) inside this box →

## TRANSMITTAL FORM

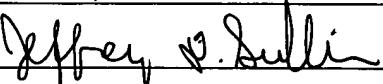
(to be used for all correspondence after initial filing)

		Application Number	10/058,575
		Filing Date	January 28, 2002
		First Named Inventor	Shane Y. Hong
		Group Art Unit	1731
		Examiner Name	Carlos N. Lopez
Total Number of Pages in This Submission		Attorney Docket Number	AP33951 (070050.1463)

### ENCLOSURES (check all that apply)

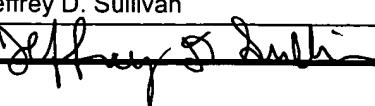
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks <input type="checkbox"/>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112	
Signature	 Att Name: Jeffrey D. Sullivan PTO Reg: 43,170	
Date	April 19, 2004	

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: April 19, 2004

Typed or printed name	Jeffrey D. Sullivan		
Signature		Date	April 19, 2004

**BAKER BOTTS LLP**

Attorney Docket Number: AP33951 (070050.1463)

Title: METHOD AND SYSTEM FOR CONTROLLED SURFACE SCRATCH REMOVAL AND GLASS RESURFACING

Use Space Below for Additional Information: